

PART B - FEE(S) TRANSMITTAL

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Sharla A. Waller (Depositor's name)
 Sharla A. Waller (Signature)
 June 27, 2003 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/807,676	07/12/2001	Bruce J. Barrett	SOM01-P329A	2249

TITLE OF INVENTION: MULTI-CHANNEL NON-INVASIVE TISSUE OXIMETER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	09/02/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
WINAKUR, ERIC FRANK	3736	600-323000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Somanetics Corporation

Troy, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

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(Authorized Signature)

(Date)

Michael R. Long, 42-808 06/27/2003

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07/02/2003 RADJFC2 00000043 09807676

01 FC:1501
 02 FC:8001

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